PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further cindicated unless correcte maintenance fee notification	form should be used for correspondence including d below or directed others.	or transmitting the ISSU ig the Patent, advance or terwise in Block 1, by (a				should be completed where t correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDE	NCF ADDRES\$ (Note: Use BI	ock I for any change of address)	Fee(s) Transmittal. This rs. Each additional	certificate cannot be used	or domestic mailings of the for any other accompanying ent or formal drawing, must	
EASTMAN KODAK COMPANY PATENT LEGAL STAFF 343 STATE STREET ROCHESTER, NY 14650-2201				Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmital is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
ROCHESTER, N	1Y 14650-2201					(Depositor's name)	
						(Signature)	
			L			(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/521,899	01/14/2005		Olivier J. Poncelet	82641JJH 7129		7129	
метнор	· •				DLYMER RESULTING FR		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE			
nonprovisional	NO NO	\$1510	\$300	\$0	\$1810	02/17/2009	
EXAMI	NER	ART UNIT	CLASS-SUBCLASS				
HOBAN, MA	TTHEW E	1793	502-060000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE **EASTMAN KODAK COMPANY*** 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE **EASTMAN KODAK COMPANY*** EASTMAN KODAK COMPANY** P. FOR THOM IN THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE **EASTMAN KODAK COMPANY*** P. EASTMAN KODAK COMPANY** P. EASTMAN KODAK							
Please check the appropri			ESTER, NY 14650 inted on the patent):		poration or other private gr	oup entity Government	
4a. The following fee(s) a Alssue Fee Publication Fee (No Advance Order - #	o small entity discount p		Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (15-23) (enclose an extra copy of this form).				
	SMALI. ENTITY statu	s. Sec 37 CFR 1.27.			L ENTITY status. See 37 C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requeeords of the United Sta	aired) will not be accepted tes Patent and Trademark	d from anyone other than the Office.	ne applicant; a regis	tered attorney or agent; or t	he assignee or other party in	
Authorized Signature Typed or printed name	David M	a. Mou + Novais	ais (lmg)	Date Q	bruary 11, 33, 36	P005	
This collection of informa an application. Confident submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi	ation is required by 37 Chality is governed by 35 application form to the ons for reducing this burginia 22313-1450. DC	•		etain a benefit by the mated to take 12 m idual case. Any cor r, U.S. Patent and 1 THIS ADDRESS.	e public which is to file (an inutes to complete, includi- nments on the amount of ti rademark Office, U.S. Dep SEND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

Alexandria, Virginia 22313-1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Date Mailed: February 11, 2009

"FEE ADDRESS" INDICATION FORM

Address to:
Mail Stop M Correspondence
Director of the US Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the following address:								
	nter stern Highway igan 48034-1095							
Customer Number if assigned 01333								
in the following listed application(s) or patent(s) for which the Issue Fee has been paid.								
PATENT NUMBER (if known)	SERIAL NUMBER 10/521,899	PATENT DATE (if known)	U.S. FILING DATE July 14, 2003					
PLEASE VOID ALL PREVIOUS FEE ADDRESSES. THANK YOU.								
Typed name of person signing David A Novais								
Signed Davida novair (Img)								
(check one) Owner of record								
	X Owner's attorne	ey or agent of record	33,324 (Reg. No.)					